

Applied Resolutions LLC

An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

OP Right elbow lateral epicondyle debridement with tendon repair

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

This patient is a reported 35 year old male. On 08/15/14, an MRI of the right elbow revealed a partial low-grade common extensor tendon tear. On 01/06/15, the patient returned to clinic and stated he was still unable to lift or grasp heavy objects, but was continuing with physical therapy and bracing. He was standard to the lateral epicondyle and had mild pain with resisted wrist extension. He had full range of motion on his elbow.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 10/10/14, a utilization review report noted the patient had a diagnosis of lateral epicondylitis, and for surgery to be considered reasonable, there should be documentation of 12 months of conservative care. As that was not documented, the request was non-certified. A subsequent report dated 11/21/14 also noted that there should be documentation of significant conservative care such as 12 months of conservative care, for this surgery to be considered reasonable, and as that was not documented, the request was not certified.

The guidelines do indicate there should be documentation of at least 12 months of conservative care prior to undergoing the surgical procedure, and that there should be documentation of a full tear for a tendon repair as requested. The submitted records do not indicate this patient having had 12 months of conservative care, and the tendon is not fully torn. Therefore, it is the opinion of this reviewer that the request for OP right elbow right epicondyle debridement with tendon repair is not medically necessary and prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

